State of New Hampshire

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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NICHOLAS A. TOUMPAS
COMMISSIONER

November 7, 2012

Dear Provider:

I am writing to you to provide an update on the NH Department of Health & Human Services' implementation of the new Medicaid Care Management Program.

First, I want to thank you for your continued commitment to serving Medicaid clients during these challenging times. As you well know, when the economy contracted, the demand for our medical and support services increased, making access to your services that much more critical to persons in need.

You may have heard about the upcoming Medicaid transition to a managed care model of service delivery, which we refer to as 'Care Management.' Approximately 115,000 Medicaid clients will become part of the Care Management program. The Department has been working for over a year to develop and implement the program, and has contracted with three Managed Care Organizations (MCOs), as listed below:

NH MCOs	PROVIDER RELATIONS CONTACT
Granite State Health Plan - Centene	www.granitestatehealthplan.com 866-769-3085
Well Sense Health Plan – Boston Medical Center	Kristina Griffin 603-263-3043 Kristina.griffin@wellsense.org www.wellsense.org
Meridian Health Plan of New Hampshire	Mark Simpson 603-263-3882 Mark.simpson@mhplan.com www.mhplan.com

These MCOs are actively developing their provider networks. They must demonstrate adequate coverage of medical services Statewide to meet the needs of their Medicaid client membership.

While we had originally anticipated a January 1, 2013, start date, we have since revised our timelines to address critical issues. However, we have made significant progress toward the required approval of the MCM contract and rates by CMS and anticipate meeting that requirement in the near future.

If it has not yet happened, you should expect to be contacted by the MCOs to discuss your participation in their provider networks. You can also call their provider relations team to initiate enrollment activity on your own or to get information about regional provider meetings the plans are holding around New Hampshire.

Once the health plans make substantial progress in their provider network development, Medicaid clients, except for a small number who will have the option of opting out for the first year, will start choosing the plan they want to enroll with for their medical services. DHHS will have each organization's listing of participating providers and will use this information to assist members in making their selection of a plan. To ensure that your Medicaid clients have continuity of care, you are encouraged to enroll with all three of the MCOs.
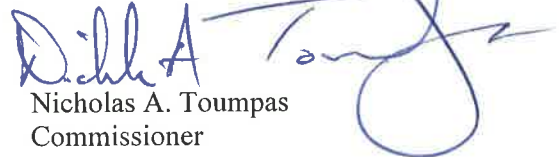
Once an individual has chosen a health plan, claims for services must be submitted to the individual's MCO. The current Medicaid fiscal agent will not pay claims for health plan covered services rendered to a member of an MCO. Any reimbursement for services will be paid only by the MCO. Providers who are not part of the MCO's network may be paid only for emergency or preauthorized services provided to the MCO's members. The Medicaid fiscal agent will continue to process claims for those who opt out of the program or for services excluded from the first step of the program.

In the coming months, DHHS will launch a new care management website where you will be able to find important information on implementation timelines and the DHHS generated notices sent to your clients. Additionally, DHHS will be offering training to providers who want to assist patients to select a plan. The Care Management website will be updated with dates, times and locations of such trainings, as well as post opportunities for web-based training. Please monitor the current webpage for updated information.

For questions on how this affects you or your agency, please e-mail us at:

nhmedicaidcaremanagement@dhhs.state.nh.us

Sincerely,

Nicholas A. Toumpas
Commissioner